

TOWN OF NEW WINDSOR

555 UNION AVENUE
NEW WINDSOR, NEW YORK 12553
Telephone: (845) 563-4615
Fax: (845) 563-4689

PLANNING BOARD APPLICATION

TYPE OF APPLICATION (check appropriate item):

Subdivision ☒ Lot Line Change _____ Site Plan _____ Special Permit _____

Tax Map Designation: Sec. 55 Block 1 Lot 43.2, 44.2, 44.3, 44.5, 44.6 and 60

BUILDING DEPARTMENT PERMIT NUMBER:

PA -
MUST FILL IN THIS NUMBER

1. Name of Project Apple Ridge
2. Owner of Record Robert W. Minard,
Heritage Oak, LLC & New Windsor Farm, LLC Phone 845-294-0558
Address: Route 44-55 Clintondale NY 12515
71 Montrose Road Colts Neck NJ 07722
(Street Name & Number) (Post Office) (State) (Zip)
3. Name of Applicant New Windsor Farm, LLC Phone 845-294-0558
Address: 14 Catherine Court Chester NY 10918
(Street Name & Number) (Post Office) (State) (Zip)
4. Person Preparing Plan Esposito & Associates Phone 845-294-0558
Address: 262 Greenwich Avenue Suite B Goshen NY 10924
(Street Name & Number) (Post Office) (State) (Zip)
5. Attorney None Phone _____
Address _____
(Street Name & Number) (Post Office) (State) (Zip)
6. Person to be notified to appear at Planning Board meeting:
Esposito & Associates 845-294-0558 845-294-0580
(Name) (Phone) (fax)
7. Project Location: On the South west side of Shaw Road
(Direction) (Street)
8. Project Data: Acreage 318.05 +/- Zone R-1 School Dist. Washingtonville

9. Is this property within an Agricultural District containing a farm operation or within 500 feet of a farm operation located in an Agricultural District? Yes X No _____

***This information can be verified in the Assessor's Office.**

***If you answer yes to question 9, please complete the attached AAgricultural Data Statement.**

10. Detailed description of Project: (Use, Size, Number of Lots, etc.) Proposed subdivision of said parcel into 107 Cluster type subdivision with minimum 10,000 sq. ft. lots. These are to be service by central water and sewer.

11. Has the Zoning Board of Appeals Granted any Variances for this property? yes _____ no X

12. Has a Special Permit previously been granted for this property? yes _____ no X

IF THIS APPLICATION IS SIGNED BY ANYONE OTHER THAN THE PROPERTY OWNER, A SEPARATE NOTARIZED STATEMENT OR PROXY STATEMENT FROM THE OWNER MUST BE SUBMITTED, AT THE TIME OF APPLICATION, AUTHORIZING THIS APPLICATION.

STATE OF NEW YORK)

SS.:

COUNTY OF ORANGE)

THE UNDERSIGNED APPLICANT, BEING DULY SWORN, DEPOSES AND STATES THAT THE INFORMATION, STATEMENTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS AND DRAWINGS ARE TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND/OR BELIEF. THE APPLICANT FURTHER ACKNOWLEDGES RESPONSIBILITY TO THE TOWN FOR ALL FEES AND COSTS ASSOCIATED WITH ~~THIS APPLICATION~~ **THIS APPLICATION**

Notary Public, State of New York

Registration No. 01PA5028266

Qualified in Orange County

Commission Expires May 31, 2010

SWORN BEFORE ME THIS _____


(OWNER'S SIGNATURE)

14th DAY OF October 2008

(AGENT'S SIGNATURE)


NOTARY PUBLIC

Please Print Agent's Name as Signed

TOWN USE ONLY:

DATE APPLICATION RECEIVED

APPLICATION NUMBER